

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit::  
Title:: AUTOMATED BANKING MACHINE COMPONENT  
AUTHENTICATION SYSTEM AND METHOD  
Attorney Docket Number:: D-1170 R  
Request for Early Publication?:: No  
Request for Non-Publication?:: Yes  
Suggested Drawing Figure:: 5  
Total Drawing Sheets:: 8  
Small Entity:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name::  
Family Name:: Parsons  
Name Suffix::  
City of Residence:: Akron  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 2464 Greenhaven Dr.  
City of mailing address:: Akron  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44333

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Judith  
Middle Name::  
Family Name:: Edwards  
Name Suffix::  
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Country of Residence:: US  
Street of mailing address:: 5885 Indian Creek Circle  
City of mailing address:: Canton  
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Country of mailing address:: US  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Donald  
Middle Name::  
Family Name:: McCoy  
Name Suffix::  
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Country of Residence:: US  
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City of mailing address:: Uniontown  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44685

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name::  
Family Name:: Block  
Name Suffix::  
City of Residence:: N. Lawrence  
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Country of Residence:: US  
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City of mailing address:: N. Lawrence  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44666

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/436,883	12/26/2002
This Application	An application claiming the benefit under 35 USC 119(e)	60/396,608	07/16/2002

**Assignee Information**

Assignee Name:: Diebold Self Service Systems  
division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH